

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 14082

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name GEORGE ORLANDO	Name Ufch Local 1-3		
·	Labor Organization File Number のロスーンのド		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 334 Thomas Street.	Street 8402 1877 AVENUE		
city Staten Island	City BROOKLYN'		
State NEW YORK ZIP Code + 4 10306	State NEW YORK 71P Code + 4 1124		
5. Position in labor organization. PRESISENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City"	-		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares funder penanty of Perjuly and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying occuments), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			

- Date

Telephone Number

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Name of Person Filing GEORGE ORLANDO	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name :		
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street`	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
7/0 0-4-14	1	
State ZIP Code + 4	:	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under		
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name UFCW Local 1-d	CHRISTMAS PARTY	
Trade Name, if any:	han Man Man	
P.O. Box, Bldg., Room No., if any	U PENSION 8 H SEVERANCE T	
Street 8402 18 TH AVENUE		
City BrookLYN		
City BROOKLYN State NEW YORK ZIP Code+4 112H	· · · · · · · · · · · · · · · · · · ·	
13.b. Is the Business an Employer X, or Consultant ?	14.b. Amount of payment.	